

ence from battling cancer such as side effects from conventional western cancer treatment. The findings of this study suggest that cancer patients regardless of stage may expect and satisfy with less toxic treatments with less side effects.

PCN134

PATIENT PREFERENCES FOR NON-SMALL CELL LUNG CANCER (NSCLC) TREATMENTS

Bridges JF¹, Mohamed A², Finnern HW⁴, Woehl A³, Hauber AB²

¹Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA, ²RTI Health Solutions, Research Triangle Park, NC, USA, ³Boehringer Ingelheim, Bracknell, UK, ⁴Boehringer Ingelheim Pharmaceuticals Inc., Ridgefield, CT, USA

OBJECTIVES: Treatment decisions for patients diagnosed with advanced non-small cell lung cancer (NSCLC) require assessment of the risks and benefits of treatment. We sought to understand the patient perspective when making these choices by estimating utilities (preference weights and relative importance weights) for different hypothetical NSCLC treatment profiles. **METHODS:** One hundred patients with NSCLC were recruited in the UK and completed a self-administered, web-based conjoint analysis questionnaire. The questionnaire presented patients with pair-wise choices of NSCLC treatment profiles which systematically varied the duration of progression-free survival (PFS), severity of disease symptoms, severity of the treatment-related adverse events (diarrhea, fatigue, fever/infection, nausea/vomiting and rash) and mode of treatment administration (intravenous versus oral). Preference weights were estimated using a random-parameters logit. Importance weights were calculated from the model coefficients. **RESULTS:** Eighty-nine patients (73% male) completed all choice tasks appropriately. The highest utility was associated with treatments that increased PFS and improved disease-related symptom severity from severe to mild (10.0; 95% CI: 6.1, 13.9). However, patients preferred a reduction in PFS if disease-related symptoms were severe. Utility was higher for treatments that had no fatigue (5.0; 95% CI: 2.7, 7.3), no diarrhea (2.8; 95% CI: 0.7, 4.9), no fever/infection (2.1; 95% CI: 0.2, 4.1), no nausea/vomiting (2.1; 95% CI: 0.1, 4.1), no rash (2.0; 95% CI: 0.2, 3.9) and for oral administration instead of infusion (1.8; 95% CI: 0.0, 3.6). Patients were found to be indifferent to treatments associated with mild diarrhea and mild nausea/vomiting. Avoiding moderate fatigue was half as important as increasing PFS by seven months with improvement in symptom severity from severe to mild. **CONCLUSIONS:** NSCLC patients attributed the highest utility to treatment efficacy. Treatments that increased PFS with low severity of disease related symptoms, no fatigue and oral administration were preferred.

PCN135

INFLUENCE OF ECONOMIC IMPLICATIONS RELATED TO THE PRESCRIPTION OF ORAL AND INTRAVENOUS CHEMOTHERAPY ON PHYSICIANS' PREFERENCES: A DISCRETE CHOICE EXPERIMENT

Benjamin L¹, Cotté FE², Philippe C³, Mercier F⁴, Bachelot T⁵, Vidal-Trécan G⁶

¹University of Paris Descartes, School for Public Health (EHESP), GlaxoSmithKline, Marly le Roi Cedex, France, ²GlaxoSmithKline, Health Outcome Studies, Marly le Roi Cedex, France, ³Qualeas, Poissy Cedex, France, ⁴StatProcess, Port-Mort, France, ⁵Centre Léon Bérard - Inserm U590, Lyon Cedex08, France, ⁶Hôpital Cochin, Unité de Santé publique, Paris, France

OBJECTIVES: Oral chemotherapy generates for hospitals additional resources for therapeutic education and health care coordination currently not taken into account in reimbursement tariffs. This may influence the prescription of oral chemotherapy. We estimated the relative influence of the route and tariff of administration, efficacy, tolerability and adherence on physician's preferences. **METHODS:** A Discrete Choice Experiment was performed among 203 French physicians qualified in oncology. From an online questionnaire with six fictive scenarios, first presented in curative setting then in palliative setting, respondents had to choose between treatment A or B which differed with respect to efficacy, tolerability, adherence and route of administration. Three of these attributes (efficacy, tolerability, adherence) had two modalities (good vs. moderate) and the later (route of administration) had three modalities: intravenous (€286-379/session in private and public hospital respectively), oral with the current tariff (€28/consultation), oral with a fictive tariff (€31/consultation and €83 for a patient support program). The relative influence of attributes was analyzed using a conditional logistic regression model. **RESULTS:** Efficacy was the predominant criteria in choosing a treatment either in curative setting (β coefficient=2.114, $p<0.0001$) or in palliative setting ($\beta=1.063$, $p<0.0001$). Oral route of administration had a positive effect in palliative setting ($\beta=0.612$, $p=0.035$ for the current tariff and $\beta=0.506$, $p<0.0001$ for the fictive tariff). Removing the efficacy attribute of the model, tolerability ($\beta=1.228$, $p<0.0001$) and adherence ($\beta=1.223$, $p<0.0001$) were influential, but only in curative setting while the oral route with a fictive tariff remained influential only in palliative setting ($\beta=0.431$, $p<0.0001$). **CONCLUSIONS:** The oral route of administration was influential in palliative setting, which is consistent with the priority to preserve quality of life at the advanced stage of disease. Physicians were sensitive to the fictive tariff for a patient support program, but as expected, in curative setting the key criterion remains the efficacy.

PCN136

CANCER PATIENTS' PERCEPTIONS TOWARDS THE INTEGRATION OF TRADITIONAL & COMPLEMENTARY MEDICINES (T&CM) INTO THE CONVENTIONAL CANCER TREATMENT: A QUALITATIVE INSIGHT

Farooqui M¹, Hassali MA², Knight AAS³, Akmal A⁴, Seang TB⁵, Farooqui MA⁶

¹Universiti Teknologi MARA (UiTM), Sebrang Perai, Pulau Pinang, Malaysia, ²Universiti Sains Malaysia, Minden, Pulau Pinang, Malaysia, ³Advanced Medical & Dental Institute, Kepala Batas, Pulau Pinang, Malaysia, ⁴University Sains Malaysia, Penang, Penang, Malaysia, ⁵Penang General Hospital, George Town, Pulau Pinang, Malaysia, ⁶Alliance University College of Medical Sciences, Kepala Batas, Malaysia

OBJECTIVES: The national health care system encourages and supports the integration of T&CM into the conventional cancer treatment stream. The study aimed to evaluate the perception of cancer patients towards the integration of T&CM into their conventional therapies. **METHODS:** Qualitative methodology was adapted to collect in-depth information from consented patients recruited from one of the local hospitals with integrative medicines unit. After obtaining institutional ethical approval, patients with different types of cancer and stages were approached. Saturation point was reached after conducting 18 interviews as no new themes emerged with subsequent interviews. All interviews were audiotaped, transcribed verbatim and translated into English for thematic content analysis. **RESULTS:** Mixed perceptions were shown towards the integration of traditional medicines into the modern cancer treatment. All patients agreed with integrating traditional therapies into their conventional health care plans only when the oncologists allow it. However, concerns were shown towards an implicit criticism of oncologists regarding traditional medicines. Patients supported the use of traditional therapies to overcome side effects due to conventional therapies provided the therapies are proven for their safety with conventional medicines. For most of the patients, cancer was perceived as a fatal disease and use of traditional therapies is among the ways to put efforts for cure. Since the legitimacy of traditional medicines in the country is among the challenges faced by the lawmakers, patients appreciated that such efforts can prevent patients from being trapped by the quacks. **CONCLUSIONS:** Patients showed signs of approval towards the integration or traditional medicines. However, patients would like their oncologists to provide and supervise such therapies. At the same time, the challenge is to find a common ground for an open discussion with modern health care practitioners towards integration of traditional therapies into the modern cancer treatments.

PCN137

HEALTH STATE UTILITIES IN BREAST CANCER

Färkkilä N¹, Roine R², Jätkö T³, Sintonen H⁴, Hänninen J⁵, Taari K³, Saarto T⁶

¹University of Helsinki and GlaxoSmithKline Oy, Espoo, Finland, ²Helsinki and Uusimaa Hospital Group, Helsinki, Finland, ³Helsinki University Hospital, Helsinki, Finland, ⁴University of Helsinki, Helsinki, Finland, ⁵Terhokoti Palliative Care Unit, Helsinki, Finland, ⁶Helsinki University Hospital, Helsinki, Other ->, Finland

OBJECTIVES: Health state utilities are essential for health economic analysis. This study assesses the utilities for different health states in breast cancer (BC), compares different HRQoL instruments and explores factors associated with poor HRQoL. **METHODS:** An observational cross-sectional study among BC patients in the Hospital District of Helsinki and Uusimaa was carried out between September 2009 and April 2011. A total of 778 BC patients (aged 31-90) assessed their HRQoL with the generic 15D and EQ-5D+VAS and the cancer specific EORTC-QLQ C30 HRQoL questionnaires. Patients were divided into five mutually exclusive groups based on disease state: baseline before treatment (n=52), 1st year of remission after diagnosis or recurrence (n=128), 2nd or following years after remission (n=405), metastatic disease (n=177) and terminal care (n=16). Linear stepwise regression analysis was used to evaluate the association between the VAS-score and clinical and demographic factors as well as the EORTC symptom and functioning scale scores. **RESULTS:** The mean (\pm SD) utility values with 15D were for baseline patients 0.896 \pm 0.083, 1st year of remission 0.901 \pm 0.80, following years after remission 0.884 \pm 0.103, metastatic disease 0.825 \pm 0.113 and for palliative patients 0.756 \pm 0.110 and with EQ-5D 0.818 \pm 0.228, 0.860 \pm 0.178, 0.843 \pm 0.189, 0.746 \pm 0.251, 0.514 \pm 0.300, respectively. The difference between the instruments was consistent in all states of the disease. In regression analysis, higher EORTC QLQ-C30 scores for social, role and emotional functioning were associated with improved HRQoL. However, the most important explanatory variable was higher education. **CONCLUSIONS:** The utility scores were highest at 1st year of remission and deteriorated in the more advanced states of the disease. The 15D provided higher utility values than the EQ-5D. The choice of the HRQoL instrument has a significant effect on the utility values. Regression analysis showed that functioning has more impact on HRQoL than symptoms or clinical and demographic parameters except for education.

PCN138

THE IMPACT OF ADVANCED OR METASTATIC NON-SMALL CELL LUNG CANCER (NSCLC) SYMPTOMS ON PATIENT DAILY LIVING AND HEALTH RELATED QUALITY OF LIFE: FINAL RESULTS

Artal A¹, Oramas J², Cobo M³, Domine M⁴, Barneto I⁵, Rodríguez-Abreu D⁶,

Menéndez-ureña M⁷, Andrade J⁸, Guillot M⁹, Perulero N¹⁰, Castro-Gomez AJ¹¹

¹Hospital Universitario Miguel Servet, Zaragoza, Spain, ²Hospital Universitario de Canarias, La Laguna, Santa Cruz de Te, Spain, ³Hospital Regional Universitario Carlos Haya, Málaga, Spain, ⁴Fundación Jiménez-Díaz, Madrid, Spain, ⁵Hospital Universitario Reina Sofía, Córdoba, Andalucía, Spain, ⁶Hospital Universitario Insular de Gran Canaria, Las Palmas de Gran Canaria, Spain, ⁷Hospital Universitario de Móstoles, Móstoles, Madrid, Spain, ⁸Complejo Hospitalario de Toledo-Hospital Virgen de la Salud, Toledo, Castilla La Manc, Spain, ⁹Hospital Universitari Son Espases, Palma de Mallorca, Spain, ¹⁰IMS Health, Barcelona, Spain, ¹¹Roche Farma S.A., Madrid, Madrid, Spain

OBJECTIVES: The benefits of systemic treatment NSCLC patients are greater control of the symptoms and improvement of HRQoL. The study aimed to assess the impact on daily living and HRQoL of the symptoms of advanced NSCLC. **METHODS:** Observational study with prospective follow-up (basal and 6-8 week visit). 257 patients with stage IIIB NSCLC, with pleural/pericardial effusion or stage IV NSCLC, about to initiate second-line treatment were included by 32 hospitals in Spain. Demographic and clinical data relating to Lung Cancer Symptom Scale (LCSS) and the lung-specific Functional Assessment of Cancer Therapy questionnaire (FACT-L) were collected. Specific questions evaluating impact of symptoms on patient daily life were included. **RESULTS:** By gender, 79.4% of patients were men, the mean (SD) age was 63.7 (10.0) years. ECOG 1 was presented by 56.4% and 38.9%